



## DEPARTMENT OF THE NAVY

COMMANDING OFFICER  
NAVAL AIR STATION  
700 AVENGER AVENUE  
LEMOORE, CALIFORNIA 93248-5001

NASLEMINST 1770.1H  
11B

08 FEB 1996

### NAS LEMOORE INSTRUCTION 1770.1H

From: Commanding Officer, Naval Air Station, Lemoore

Subj: PERSONAL NOTIFICATION PROGRAM FOR NEXT OF KIN (NOK) IN THE  
CASE OF CASUALTY AND ASSISTANCE CALLS PROGRAM (CACP)

Ref: (a) BUPERSMAN 4210100 through 4210310  
(b) BUPERSINST 1770.3  
(c) COMNAVBASESANDIEGOINST 1770.5C

Encl: (1) CACO Coordinator/CDO Checkoff List for Casualty  
Procedures  
(2) ALFA-BRAVO Message (format)  
(3) CACO Duties Checklist  
(4) Blank NAVPERS Form 1770/7  
(5) Message Report of Notification to PNOK and SNOK  
(format)  
(6) Initial Letter to PNOK (format)  
(7) Initial Letter to PNOK (when remains are not  
recovered) (format)  
(8) Letter to SNOK (format)

1. Purpose. To publish procedures and establish responsibilities for the Personal Notification Program and Casualty Assistance Calls Program (CACP) for Naval Air Station Lemoore, tenant commands, and fleet units.

2. Cancellation. NASLEMINST 1770.1G

3. Discussion. References (a) and (b) prescribe certain procedures and reports when casualties involve active duty Navy personnel, including those missing. Included therein are the Personal Notification Program and Casualty Assistance Calls Program (CACP). Assistance to the NOK of retired naval personnel which may include an honor guard and clerical help in the preparation of claim forms is provided by the Family Service Center Retired Affairs Officer.

4. Responsibilities. Casualty Assistance Calls Program Coordinating Authority: The Commander Naval Base or Chief of Naval Reserve wherein Primary Next of Kin (PNOK) and Secondary Next of Kin (SNOK) reside has the overall responsibility for administering the Personal Notification Program and the CACP.

5. Delegation. Per reference (c) the Commander, Naval Base San Diego has delegated the responsibilities of the Personal Notification Program and CACP to the Commanding Officer, Naval Air Station Lemoore and the Navy and Marine Corps Reserve Center Fresno when NOK and SNOK reside in Fresno, Madera, Kings, or

08 FEB 1996

Tulare counties. The Administrative Officer, Naval Air Station Lemoore, is designated the Commander, Naval Base San Diego Sub-area Casualty Coordinator for ashore commands.

6. Action. For the purpose of clarity, the action section of this instruction is in two parts. PART ONE concerns casualties that are the direct responsibility of NAS Lemoore. PART TWO gives guidelines for handling cases that occur in tenant activities and fleet squadrons homeported at NAS Lemoore. Nothing in this instruction will be construed to preclude mutual assistance in the successful performance of the Personal Notification Program or the Casualty Assistance Calls Program.

a. Naval Air Station Lemoore. In all cases of death to active duty naval personnel, reference (a) requires that PNOK and SNOK be notified in person by responsible, uniformed Navy personnel. Article 4210140 of reference (a) and Chapter IV of reference (b) prescribe in detail the procedures to be followed in notifying next of kin in casualty matters. Local procedures are as follows:

(1) Initial Incoming Report of Casualty. The Command Duty Officer or Assistant CACO Coordinator shall use enclosure (1) as an information collection guide. Initial incoming reports of casualties may emanate from varied sources. Related actions are as follows:

(a) If received by telephone, the CDO will use the telephone callback procedure to the caller to confirm the authenticity of the call. Telephone calls may be received from BUPERS, COMNAVBASE San Diego, the American Red Cross, the County Coroner, California Highway Patrol, a hospital, or funeral home.

(b) If the information is received verbally from an activity outside the Federal Government, BUPERS and COMNAVBASE San Diego shall be advised by telephone of the casualty details by the CDO or Assistant CACO Coordinator.

(2) Confirmation of the Casualty. The CDO upon confirmation shall notify the NAS Lemoore CACO Coordinator, Ms. Charlotte Durell at telephone 924-3234 or Assistant CACO Coordinator, Mrs. Ann Reeves at telephone 582-5932, who will appoint a CACO officer. If unable to contact the coordinators, the CDO will refer to the CACO listing in the CDO briefcase and assign a member from that listing. When NOK/PNOK is/are within NAS Lemoore's area of responsibility, the CACO will assume responsibility for the following actions. Note: When NOK/PNOK is outside of the local area the Regional Casualty Assistance Call/Funeral Honors Support (CAC/FHS) Program Coordinator(s) for the area(s) where the NOK/PNOK reside is responsible for assigning the CACO.

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(a) Follow-up messages (ALFA-BRAVO) if death occurred locally, (enclosure (2)), and when applicable the official notification message(s) shall be drafted and released as soon as possible. The official notification message(s) will not precede the actual notification of the PNOK or SNOK.

(b) The Casualty Assistance Calls Officer Folder containing the Casualty Assistance Calls Officer Handbook and enclosures (3) and (4) located in the CDO briefcase will be given to the assigned CACO prior to him/her departing to notify NOK. Additional copies are located in the Assistant CACO Coordinator's Office, Military Personnel Liaison Office (MPLO), Bldg. 700, Room 219.

(c) In all cases of death, the CACO and Duty Chaplain will personally make notification if the NOK resides in the local area. NOK shall be advised of the existence of BUPERS NOK Liaison Group and be encouraged to call if they have any problem, questions, or comments.

(d) If undue delay in notification is foreseen or encountered, COMNAVBASE San Diego and Sub-area Coordinator will be informed by telephone. Undue delay is considered to be in excess of 24 hours from receipt of tasking of casualty. In this regard, the provisions of Article 4210140.1 of reference (a) and Chapter IV, Section 1, of reference (b) shall be adhered to.

(e) The CACO will contact Personnel Support Activity Detachment (PSD), Lemoore to pull the service record and pay record of the identified casualty and have PSD forward them to the Assistant CACO Coordinator, Bldg. 700, Room 219.

(f) A personal effects inventory shall begin within 24 hours by the cognizant division officer.

(3) Initial Outgoing Reports of Casualty. Once the CACO has been officially tasked with CACO duties, the Assistant CACO Coordinator, assigned CACO or CDO will accomplish the following:

(a) Telephone BUPERS Casualty Section, DSN 224-2926 (during normal BUPERS working hours) and the BUPERS duty desk, DSN 224-2768, after normal working hours. The caller shall identify the case, and inform them that the official notification to PNOK or SNOK (as appropriate) has been made, who made the notification, and if practicable, the time the CACO was assigned. Further advise BUPERS that a follow-up message is in process of being released.

(b) Telephone COMNAVBASE San Diego Casualty Section, DSN 522-1507/1512 or the Staff Duty Officer, DSN 522-1828. Identify the case, and inform them that the official

08 FEB 1996

notification to PNOK or SNOK (as appropriate) has been made, who made the notification, and if practicable, the local time notification was made.

(c) Draft and release the follow-up message, using the format of enclosure (5).

(4) Subsequent Messages Relating to Casualty. Except when directed otherwise by the Commanding Officer or Executive Officer, the CACO Coordinator, assigned CACO, or CDO as appropriate shall take the following action:

(a) Draft for the Commanding Officer's signature the initial letter to PNOK, using format of enclosure (6) or (7), as appropriate.

(b) Draft for Commanding Officer's signature the follow-up letter to PNOK, using format of enclosure (8), as appropriate.

(c) When applicable for SNOK, draft for Commanding Officer's signature the letter outlined in enclosure (9).

(5) Serious/Very Serious List (DEATH IMMINENT). When active duty service members are placed on the serious/very serious list, the following action will be taken only if death is considered imminent. If death is not considered imminent, normal chain of command procedures will be used.

(a) If the service member is placed on the serious/very serious list while hospitalized in a military hospital, the commanding officer of that facility will make the notification.

(b) If a service member is placed on the serious/very serious list while hospitalized in a non-military medical facility, the condition of the patient must be confirmed by military medical personnel.

(c) If a service member is placed on the serious/very serious list while hospitalized in a non-military medical facility, the activity notified of the member's condition will make the notification, or pass the information to the appropriate command for action.

(d) If NAS Lemoore receives information concerning members attached to NAS, or deployed fleet squadrons being placed on the serious/very serious list at a non-military medical facility, the NAS Commanding Officer will determine the method of notification.

08 FEB 1996

(6) Suicide/Attempted Suicide. In all cases dealing with suicide or attempted suicide a UNIT SITREP and an ALPHA-BRAVO message will be sent by the responsible command. Graphic details concerning death or attempted suicide will not be included in the messages.

(7) Casualty Assistance Calls Program Officer Assignments. When notified by proper authority to assume the CACO, the CACO Coordinator or CDO as appropriate, shall designate one of the pre-qualified officers to serve as CACO. The Assistant CACO shall notify BUPERS and COMNAVBASE San Diego by telephone, followed by a confirmation message, of the name, rank/rate, business mailing address, and home and office phone number of the assigned CACO. During normal working hours the individual assigned CACO responsibilities shall report to the Assistant CACO Coordinator (Bldg. 700, Room 219) or after hours to the CDO, for briefing of the case, receipt of a CACO Folder, copies of message traffic regarding the case and any special instructions regarding peculiar considerations that may surround the case. The CACO should thoroughly understand his/her responsibilities prior to calling on the next of kin. The CACO will use enclosure (4) as a guide and for recording the necessary information that is required to complete the case. This form will be filled out and retained by the CACO until the applicable portions of the form are completed. The NAVPERS 1770/7 is an excellent management tool to assist the CACO in rendering all possible service to the next of kin. Upon completion of the CACP, (when the NOK indicates that all rights, privileges and benefits have been, or are being received to his/her satisfaction), the CACO will submit the NAVPERS 1770/7 Casualty Assistance Calls Program Report to COMNAVBASE San Diego via the Sub-area Coordinator (NAS Lemoore Administrative Officer).

(8) Special Additional Procedures for CACP for NOK of Captured and Missing Personnel. Chapter IX of reference (b) sets forth the specific guidelines for CACOs assigned to PNOK and SNOK of missing and captured personnel. The CACO Coordinator shall coordinate all CACO assignments for personnel in this category and will provide a copy of CACO assignments, including office and home phone numbers, to appropriate COMNAVBASE and BUPERS offices.

(9) Coordination with Naval Hospital Lemoore. When the remains of a deceased service member are in the local area or will arrive for memorial service from outside the local area, Naval Hospital Lemoore shall be made an INFO addressee on all incoming and outgoing messages. The hospital will normally coordinate necessary travel arrangements.

b. Naval Air Station Lemoore Notification Program (Dependents). In cases of death or very serious injury/illness of dependents of active duty members attached to NAS Lemoore or deployed fleet squadrons, the following action will be taken:



0 8 FEB 1996

(1) In all cases where NAS Lemoore receives information of the death, serious injury/illness of a dependent of members attached to NAS, the Naval Air Station Commanding Officer will determine the method of notification. In these cases a CACO will not be activated. The servicemember's department, with assistance from the Duty Chaplain, will make the notification. If unable to contact a representative from the department, a command representative or Duty Chaplain will make the notification.

(2) In all cases where NAS Lemoore receives information of the death, serious injury/illness of a dependent of members attached to a deployed unit stationed at NAS Lemoore, an official message will be sent to the member's Commanding Officer who will be responsible for notification.

(3) In cases where the CDO or watchstander has doubt as to the type of procedures to be taken they should not hesitate to contact the CACO Coordinator, Commanding Officer, or the Executive Officer of NAS Lemoore.

c. Tenant Activities and Fleet Units at NAS Lemoore.  
Tenant activities and non-deployed fleet units at NAS Lemoore will coordinate their own CACO programs. Per reference (c), NAS Lemoore assumes CACO duties for all deployed fleet activities except as noted below. Prior to deployment, squadrons will verify that NOK notification instructions are complete and up-to-date for all unit members. The ALPHA-BRAVO message and personal letter of circumstances required by reference (a) will remain the responsibility of the Commanding Officer of the activity to which the deceased was attached. Attention is invited to the requirements set forth and directed in references (a) through (c). Specifically, tenant activities and fleet units at NAS Lemoore will:

(1) Assume all CACO responsibilities (if squadron personnel remain on station.)

(2) Conduct the Personal Notification Program and release appropriate related messages. (Ensure NAS Lemoore is made an information addressee on all such traffic.) A personal letter of circumstances from the Commanding Officer is required within 48 hours of the casualty. If a delay is necessary, BUPERS must be notified.

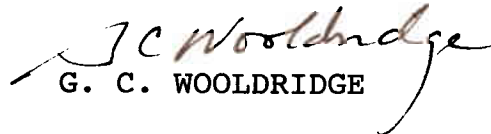
(3) Assign Casualty Assistance Calls Officers (CACOs) from within their respective command to render such assistance as may be necessary to PNOK or SNOK. NAS Lemoore CACO Coordinator will be available to render assistance when necessary. The casualty case shall be considered closed when the PNOK or SNOK indicates they have received or are receiving all the rights,

08 FEB 1996

benefits, and privileges to which they are entitled, and when the CACO submits NAVPERS 1770/7 as required by reference (b).

7. Assistance to Tenant Activities and Fleet Units. The Naval Air Station Lemoore CACO Coordinator, Assistant CACO Coordinator, CDO, and/or OOD are available to provide assistance to tenant activities and fleet units at all times. Coordination is encouraged to ensure the most efficient handling of casualty problems. The CACO Coordinator may be reached at ext. 3365 and the Assistant CACO Coordinator may be reached at ext. 3360, during normal working hours or through the OOD after normal working hours at ext. 3300.

8. Forms. CACO Coordinator/CDO Checkoff List (enclosure (3)) and NAVPERS 1770/7 (Casualty Assistance Calls Program Report) (enclosure (4)) may be obtained from the CACO Coordinator, Assistant CACO Coordinator, or from the CDO.

  
G. C. WOOLDRIDGE

Distribution: (NASLEMINST 5215.2U)  
Lists B and E

08 FEB 1996

## CACO COORDINATOR/CDO CHECKOFF LIST

Date: \_\_\_\_\_

Name of Casualty \_\_\_\_\_  
 Rank/Rate \_\_\_\_\_ SSN \_\_\_\_\_ Status \_\_\_\_\_

Type of Casualty (Death/Injury/Missing) \_\_\_\_\_  
 Brief Description of Circumstances of Casualty \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CO/XO Notified \_\_\_\_\_ Date/Time \_\_\_\_\_  
 Special Instructions by CO/XO \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone call to BUPERS (verbal notification of casualty) \_\_\_\_\_  
 (DSN 224-2926 during normal hours; DSN 224-2768 after hours) \_\_\_\_\_

Telephone call to COMNAVBASE San Diego (verbal notification of casualty DSN 522-1507/1512/1828) \_\_\_\_\_

Prepare and release ALFA-BRAVO message (if applicable; see enclosure (2)) Note: If there are items drafter is unsure of, report items available and questionable items can be reported later. \_\_\_\_\_

Personal notification to PNOK by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Personal Notification to SNOK by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

WHEN DIRECTED:

Telephone BUPERS (DSN 224-2926 during normal working hours; DSN 224-2768 after hours) and inform them that official notification has been made to PNOK/SNOK and that official message follows. \_\_\_\_\_

Telephone COMNAVBASE San Diego (DSN 522-1507/1512 or 522-1218) and inform them that official notification has been made to PNOK/SNOK and that official message follows. \_\_\_\_\_

Prepare message (enclosure (5)) \_\_\_\_\_

Prepare letter to PNOK (enclosure (6) or (7) if applicable) \_\_\_\_\_

Prepare letter to PNOK (enclosure (8) if applicable) \_\_\_\_\_

Prepare letter to SNOK (enclosure (9) if applicable) \_\_\_\_\_

CACO briefed (if applicable) \_\_\_\_\_

When this form is completed (all applicable parts), return it to CACO Coordinator.



08 FEB 1996

ALFA-BRAVO MESSAGE REPORT FORMATPRIORITY PRECEDENCE

FROM: NAS LEMOORE CA//11B// (IF MESSAGE ORIGINATED BY TENANT OR  
FLEET COMMAND INSERT APPLICABLE ORIGINATOR'S PLAIN LANGUAGE  
ADDRESS (PLAD))

TO: BUPERS WASHINGTON DC//63//  
BUMED WASHINGTON DC//332//  
ARMED FORCES INSTITUTE OF PATHOLOGY WASHINGTON DC//AFIP-  
CME//

\*(CASUALTY ASSISTANCE CALLS PROGRAM COORDINATING AUTHORITY  
THAT HAS COGNIZANCE OVER THE GEOGRAPHIC AREA)  
CNO WASHINGTON DC//00// (IF CASUALTY INCIDENTAL TO NAVAL  
OPERATIONS)

COMNAVAIRPAC SAN DIEGO CA//10//N004  
COMNAVBASE SAN DIEGO CA//N31//  
DFAS-CLEVELAND CENTER CLEVELAND OH//643//  
NAVSAFECEN NORFOLK VA//JJJ//  
NAVHOSP LEMOORE CA//01//  
MEDDEN AFFAIRS GREAT LAKES IL//02//  
SEA COMMANDS//00// (IF ANY)  
NAVY JAG ALEXANDRIA VA//JJJ//  
PERSUPPDET LEMOORE CA//10//

INFO: NAS LEMOORE CA//10// (IF MESSAGE ORIGINATED BY TENANT OR  
FLEET COMMAND, INCLUDE NAS LEMOORE AS INFO ADDRESSEE)

UNCLAS //N01770//

SUBJ: PERSONNEL CASUALTY REPORT (DEATH/MISSING OR SERIOUS  
ILLNESS/INJURY)

REPORT SYMBOL NMPC 1770-4 OFFICER/ENLISTED

REF A MILPERSMAN 4210100

ALFA RANK OR RATING, NAME IN FULL, BRANCH AND CLASS OF  
SERVICE, SOCIAL SECURITY NUMBER. (IF OFFICER INCLUDE  
DESIGNATOR IF KNOWN)

BRAVO STATUS AND DUTY STATION: ACTIVE DUTY, TRAINING DUTY,  
ETC. POC AND UNIT IDENTIFICATION CODE.

CHARLIE TYPE OF CASUALTY: HOSTILE, NON-HOSTILE ETC.

DELTA DATE, LOCAL TIME, PLACE, CIRCUMSTANCES. IF A MOTOR  
VEHICLE ACCIDENT, SPECIFY TYPE OF VEHICLE (CAR, TRUCK,  
MOTORCYCLE, ETC.) WHETHER SINGLE OR MULTIPLE VEHICLE  
ACCIDENT, WHETHER MEMBER WAS THE DRIVER OR A PASSENGER,  
AND LIST ALL OTHER SERVICEMEMBERS AND FAMILY MEMBERS  
INVOLVED IN THE ACCIDENT (GRAPHIC DETAILS CONCERNING THE  
DEATH OR DETAILS SHOULD NOT BE INCLUDED IN THIS  
MESSAGE. REFER TO BUPERS MANUAL FOR ADDITIONAL  
INFORMATION REGARDING THIS PARAGRAPH.)

08 FEB 1996

ECHO LOCATION AND DISPOSITION OF REMAINS, GIVE COMPLETE NAME AND ADDRESS OF MORGUE OF FUNERAL ESTABLISHMENT WHERE REMAINS ARE LOCATED. IF REMAINS ARE NOT RECOVERED, SO STATE AND ADVISE AS TO STATUS OF SEARCH. IF SERIOUS ILLNESS, GIVE NAME OF HOSPITAL WHERE INDIVIDUAL IS LOCATED, AND NAME AND NUMBER OF ATTENDING PHYSICIAN.

FOXTROT FULL NAME, ADDRESS, AND RELATIONSHIP OF PNOK/SNOK. (IF DEPENDENTS IN SAME ACCIDENT ARE INJURED OR KILLED STATE CASUALTY STATUS AND WHEREABOUTS, AND STATE NAME AND ADDRESS OF SNOK. IF NO SNOK, SO INDICATE THIS FACT.

GOLF STATE IN TERMS OF YES OR NO WHETHER OR NOT (A) PNOK AND (B) SNOK AND OTHER PERSONS ON NAVPERS 1070/602 HAVE BEEN OFFICIALLY NOTIFIED. ADVISE HOW NOTIFICATION WAS MADE. PNOK AND/OR SNOK HAVE/HAVE NOT BEEN OFFICIALLY NOTIFIED.

NB (1) ITEMS ALFA THROUGH GOLF ARE COMPLETED WHEN THIS COMMAND DOES NOT HOLD THE CASUALTY SERVICE OR HEALTH RECORD.

(2) ITEMS ALFA THROUGH GOLF ARE COMPLETED WHEN IT IS SERIOUS INJURY OR ILLNESS.

HOTEL IF CASUALTY OCCURRED IN A HOSTILE FIRE ZONE OR AREA AUTHORIZED OVERSEAS PAY, ENTER THE DATE THE MEMBER COMMENCED THIS CURRENT TOUR. IF THE MEMBER IS SERVING ON AN EXTENSION OF NORMAL TOUR, THE DATE MUST BE FOLLOWED BY THE NOTATION "(EXTENSION)". IF CASUALTY WAS "NOT THE RESULT OF HOSTILE ACTION" BUT OCCURRED IN A HOSTILE FIRE ZONE, IT MUST BE SO NOTED. ENTER N/A IN ALL OTHER CASES.

INDIA DATE OF LATEST NAVPERS 1070/602 RECORD OF EMERGENCY DATA (HELD BY THE PERSONNEL OFFICE). IMMEDIATELY MAIL A COPY OF THIS FORM TO BUPERS (PERS 663) WASHINGTON, DC 20370-0663 AND INDICATE DATE MAILED.

JULIET (1) NAME, RELATIONSHIP, AND ADDRESS OF DESIGNATED BENEFICIARY FOR DEATH GRATUITY (LISTED ON NAVPERS 1070/602) (IF DIFFERENT FROM ADDRESS LISTED IN FOXTROT).

(2) WHETHER OR NOT DEATH GRATUITY WILL BE PAID BY PARENT ORGANIZATION. IF PAID, STATE AMOUNT AND DATE PAYMENT EFFECTED.

(3) NAME, RELATIONSHIP, AND ADDRESS OF DESIGNATED BENEFICIARY FOR UNPAID ALLOWANCES.

KILO STATE THE CAC/FHS PROGRAM COORDINATOR RESPONSIBLE FOR DESIGNATING THE ACTIVITY TO CARRY-OUT THE CACP PROGRAM.

FOR NAS LEMOORE, COMNAVBASE SAN DIEGO, CA.

08 FEB 1996

LIMA RACE, RELIGION, AND DATE OF BIRTH.

MIKE INSURANCE IN EFFECT (OTHER THAN SGLI).

- NOVEMBER (1) PAYGRADE (IF FROCKED, REPORT PAYGRADE IN WHICH MEMBER RECEIVES PAY).
- (2) THE MONTHLY RATE OF BASIC PAY AND ANY SPECIAL INCENTIVE PAY (REPORT SEPARATELY) TO WHICH THE SERVICE MEMBER WAS ENTITLED ON THE DATE OF DEATH.
- (3) TOTAL SERVICE (DAYS, MONTHS, YEARS) FOR PAY PURPOSES.
- (4) NUMBER OF DAY UNUSED ACCRUED LEAVE ON DATE OF DEATH.
- (5) AMOUNT OF BAQ, VHA AUTHORIZED TO MEMBER AT TIME OF DEATH.
- (6) LOCATION OF PAY RECORD AND ACTION TAKEN TO FORWARD TO DFAS CLEVELAND CENTER.
- (7) TOTAL AMOUNT OF CONTRIBUTIONS TO THE VEAP.
- (8) ESTIMATED DATE SERVICE AND MEDICAL RECORDS TO BE FORWARDED TO PERS-663.

OSCAR SERVICEMEN'S GROUP LIFE INSURANCE (SGLI): ADVISE IF MEMBER HAD SGLI COVERAGE AND IF WRITTEN BENEFICIARY(IES) DESIGNATION ON FILE IN RECORD. IF SO ADVISE NAME OF BENEFICIARY AND DATE OF ELECTION FORM. IF NO BENEFICIARY(IES) ARE DESIGNATED IT MUST BE SO STATED. MAIL COPY OF SGLV-8286, SERVICEMEN'S GROUP LIFE INSURANCE ELECTION, TO PERS-663 IMMEDIATELY AND INDICATE DATE MAILED. THE NAVPERS 1070/602 OR DD 93 MAY NOT BE USED TO DESIGNATE A BENEFICIARY. IT MAY ONLY BE USED TO INDICATE WHETHER A BENEFICIARY IS ON FILE. THE BENEFICIARY(IES) LISTED FOR GRATUITY OR UNPAID PAY AND ALLOWANCES ON MEMBER'S NAVPERS 1070/602 OR DD93 CANNOT AUTOMATICALLY BE ASSUMED TO BE THE SAME AS THE BENEFICIARY(IES) DESIGNATED FOR SGLI. THE BENEFICIARY(IES) DESIGNATED ON SGLV-8286 GOVERNS. IN ADDITION TO THE FOREGOING AND IN THE CASE OF NAVAL RESERVE MEMBERS WHO DIE WHILE ON ACTIVE DUTY FOR TRAINING; INACTIVE DUTY TRAINING; OR WHO DIE WHILE EN ROUTE TO OR FROM ACTIVE DUTY FOR TRAINING OR INACTIVEDUTY TRAINING, THE FOLLOWING SHALL BE INDICATED: (A) FULL TIME/PART TIME SGLI COVERAGE; (B) THE AMOUNT OF THE LAST SGLI PREMIUM, AND (C) THE DATE THE LAST PREMIUM WAS PAID.

PAPA ASSIGNMENT OF JAG MANUAL INVESTIGATIVE REPORT: (THE MEMBER'S COMMAND HAS THE RESPONSIBILITY TO ENSURE THAT THE APPROPRIATE JAG MANUAL INVESTIGATIVE REPORT IS PREPARED IN COMPLIANCE WITH JAG MANUAL CHAPTER VIII. LIST THE COMMAND THAT WILL DO THE INVESTIGATIVE REPORT).

NASLEMINST 1770.1H

08 FEB 1996

QUEBEC PERSONAL EFFECTS - NAME, ADDRESS, AND  
RELATIONSHIP OF PERSON(S) TO WHOM IT IS ANTICIPATED THAT  
PERSONAL EFFECTS WILL BE SHIPPED.

BT

**\*CACP REGIONAL COORDINATORS**

See BUPERSINST 1770.1, Annex A-4-1 for area of responsibility.  
Coordinate through COMNAVBASE San Diego, CA.

COMNAVBASE PHILADELPHIA PA//N24//  
COMNAVBASE NORFOLK VA//N11//  
COMNAVDIST WASHINGTON DC//610.6//  
COMNAVBASE CHARLESTON SC//N11//  
COMNAVRESFOR NEW ORLEANS LA//01A1D//  
COMNAVBASE SEATTLE WA//N13//  
COMNAVBASE SAN FRANCISCO CA//N14//  
COMNAVBASE SAN DIEGO CA//N13//

08 FEB 1996

CACO DUTIES CHECKLIST

THIS LIST IS A GENERAL GUIDELINE OF THE DUTIES EXPECTED OF THE CACO AND SHOULD NOT BE CONSTRUED AS ALL INCLUSIVE SINCE EACH CASUALTY IS UNIQUE IN SOME ASPECT. ACCORDINGLY, THE CACP MANUAL SHOULD BE READ IN ITS ENTIRETY AND ADDITIONAL ASSISTANCE PROVIDED AS NECESSARY. IF YOU HAVE ANY DOUBTS OR QUESTIONS PLEASE CONTACT YOUR CACO COORDINATOR OR BUPERS (PERS-663) TELEPHONE: (703) 614-2926/32/34/2095/3338 DURING DUTY HOURS OR (703) 614-2768/69 AFTER NORMAL WORKING HOURS. (DSN PREFIX-224)

DATE/TIME

- Tasked by CAC/FHS Program Coordinator/received Personnel Casualty Report data. \_\_\_\_\_
- Notify NOK of death; advised of details of casualty incident: location of remains (if applicable); that the letter of circumstances of casualty incident will be Federal Expressed by CO within 48 hours of casualty occurrence if applicable. (For PNOK - advised that letter will request instructions about preparation of remains and indicate the amounts payable by the Navy towards funeral expenses). \_\_\_\_\_
- If 48 hour time frame will not be possible due to weekend/holiday period contact Supply Officer at ext. 3300 to make arrangements for weekend delivery. \_\_\_\_\_
- If applicable, advise NOK that a JAG Manual investigation is being conducted which will contain detailed circumstances of the casualty incident and of the procedures for NOK to obtain a copy of it. It is normally available within 30-60 days of casualty. (Item PAPA of Personnel Casualty Report will state whether investigation is being conducted). \_\_\_\_\_
- Advise NOK that overseas return of remains estimated at 7-10 days (can be up to 21 days in Spain). \_\_\_\_\_
- On first visit determine need for immediate financial assistance to PNOK. Explain that \$6,000 death gratuity will be paid within 2-3 days. If paid locally, PSD will send naval message to this effect immediately to preclude Navy Finance Center from making second payment. \_\_\_\_\_
- Leave NOK with a completed copy of CACO CALL CARD and advise NOK of existence of NOK Liaison Group, Washington, DC whom they should feel free to call if any dissatisfaction is experienced, or they have questions or comments. \_\_\_\_\_
- Ensure naval message sent to all concerned commands, including COMNAVMEDCOM if death occurred overseas or the appropriate Office of Medical Affairs (OMA) listed in

Encl (3)



08 FEB 1996

Annex A-2 of reference (b) if remains are located in the 48 contiguous states, advising date/time NOK notified.

Message must include name, telephone (office and home) number of CACO, duty station, and new address of NOK if different from that initially provided (enclosure (5)).

NOTE: If you learn of any liaison regarding shipment of remains by persons other than between COMNAVMEDCOM/ appropriate OMA and CACO, please call BUPERS (PERS-663) immediately.

- After notification is complete, contact Naval Hospital Lemoore, Patient Affairs at ext. 4458; after hours OOD at ext. 4481 concerning the death. Request Patient Affairs Coordinate with Office of Medical Affairs.
- Review necessity of sending a UNIT SITREP message (i.e., suicide, attempted suicide, PRT related, unusual circumstances surrounding the death).
- Send copy of Page 2 and SGLI insurance form to PERS-663, Fax number: DSN 224-3345.
- If member attempted or committed suicide and had access to classified material provide a report to local NCIS service office information copy to Commander, Naval Security and Investigative Command. The report will set forth, at a minimum, the nature and extent of the classified information to which the individual had access to and the circumstances surrounding the suicide or attempted suicide. Coordinate with the Command Security Manager.
- After PNOK receives letter, discuss contents with NOK and transmit NOK desires to COMNAVMEDCOM or Naval Hospital Lemoore (preparation/casketing of remains/funeral home and name/duty station of escort desired by family).
- Advise PNOK that Social Security Administration (SSA) pays \$255 for funeral proceedings if member is survived by a spouse or children.
- Provide assistance for obtaining data for obituary. Coordinate through funeral home.
- Liaison directly with COMNAVMEDCOM (if overseas death) or Naval Hospital Lemoore (if death occurred within the 48 contiguous states) regarding shipment of remains and provide periodic status reports to NOK.
- Query PNOK regarding desires for funeral honors (normally provided in all active duty deaths unless NOK desires other arrangements) (Full Honors - firing party, bodybearers, and bugler).

0 8 FEB 1996

- Query PNOK regarding proper attire for deceased (i.e., uniform or civilian clothes). Ensure uniform is complete and clean. \_\_\_\_\_
- Arrange for funeral honors and Navy Chaplain participation. \_\_\_\_\_
- Determine status of personal effects and advise NOK. Arrange for inventory of household goods and POV. \_\_\_\_\_
- Assist escort for remains with lodging/transportation arrangement. Navy will pay for only one escort. \_\_\_\_\_
- Discuss with funeral director, escort, funeral honors personnel, minister/chaplain the subject of presentation of flag(s) to NOK at the funeral. \_\_\_\_\_
- Attend funeral. \_\_\_\_\_
- Ensure request for payment of funeral and/or interment expenses (DD Form 1375) completed and forwarded to COMNAVMEDCOM/appropriate OMA. \_\_\_\_\_
- Arrange mutually convenient time to complete survivor benefit claim forms (upon receipt of copy of NOK letter from BUPERS (PERS-663)). \_\_\_\_\_
- Assist NOK in completing forms including those for reimbursement for contributions to Veteran's Educational Assistance Program (VEAP) and Survivor's Benefit Plan (SBP) (if applicable). (Also completed copy of Annex H, reference (b)) \_\_\_\_\_
- Arrange for personal visits of NOK with local Veteran's Administration (VA) and Social Security Office for counseling/filing claims (NOTE: Copies of all claim/forms are included in Chapter 12 of CACP Manual). \_\_\_\_\_
- Advise NOK of educational assistance available. \_\_\_\_\_
- Assist in arranging for household goods and POV shipment and dependents travel with local transportation officer. \_\_\_\_\_
- Originate Privacy Act authorization to permit status check on claims on behalf of NOK. \_\_\_\_\_
- Monitor following claims status on following dates (Annex H also applicable). \_\_\_\_\_

NASLEMINST 1770.1H

08 FEB 1996

Benefits

Date


(Contact the CAC/FHS Program Coordinator or BUPERS (PERS-633) if excessive delay encountered)

- Submit interim CACP Completion Report (NAVPERS 1770/7) if so required by CAC/FHS Program Coordinator. \_\_\_\_\_
- Submit final CACO Completion Report (NAVPERS 1770/7) after all benefits received/claims settled and CACO assistance no longer required by NOK. \_\_\_\_\_
- Completion of CACO duties. \_\_\_\_\_

**CASUALTY ASSISTANCE CALLS PROGRAM REPORT**  
**NAVPERS 1770/7 (REV. 11-85) S/N 0106-LF-017-7037**  
**To: Commander, Naval Military Personnel Command (NMPC-122)**  
**VIA: CAC/FHS Coordinator**

NASLEMINST 1770.1H  
 Report Bupers 1770-1

DATE

A casualty assistance call was made and assistance rendered as indicated. The next of kin was requested to advise or contact me or my successor on any matter wherein difficulty is encountered and to advise when all payments for claims, benefits or rights are received. NAVMILPERSCOM and the cognizant CAC/O Coordinator will be advised when the case is closed. List an asterisk (\*) beside any item to indicate the placement of comments in the Remarks Section

NAME OF DECEASED		RANK/RATE	SSN	DATE OF DEATH
NAME, ADDRESS, AND RELATIONSHIP OF PERSON BEING ASSISTED			DATE NMPC BENEFITS LETTER RECEIVED	
DATE/TIME OF PERSONAL NOTIFICATION			DATES OF SUBSEQUENT VISITS TO NEXT OF KIN	
DATE CASUALTY CONFIRMATION TELEGRAM/MAILGRAM (Specify) RECEIVED				
DATE LETTER OF CIRCUMSTANCES RECEIVED			DATE JAGMAN INVESTIGATIVE REPORT FORWARDED TO JAG	

CACP MANUAL REFERENCE	SUBJECT	ACTION (AS APPROPRIATE)		
		DATE APPLIED FOR	DATE RECEIVED	N/A
ANNEX E	REPORT OF CASUALTY (DD FORM 1300) (Furnished to primary next of kin without request; also to governmental offices)			
CHAP. IX	DEPENDENTS ALLOTMENTS AND ALLOWANCES			

**CLAIMS AND APPLICATIONS SUBMITTED**

CHAP. V	BURIAL EXPENSES: A. NAVY B. SOCIAL SECURITY ADMINISTRATION			
CHAP. VI	DEATH GRATUITY			
CHAP. VI	UNPAID COMPENSATION (Unpaid Pay and Allowances)			
CHAP. VI	SURVIVOR BENEFIT PLAN ANNUITY (Applicable to members with over 20 years of service)			
CHAP. VI	SERVICEMEN'S GROUP LIFE INSURANCE (Submit claim to OSGLI)			
CHAP. VI	U.S. GOVERNMENT, VGLI OR NSL INSURANCE (Submit claim to VA)			
CHAP. VI	COMMERCIAL LIFE INSURANCE APPLICATION SUBMITTED (Indicate in remarks the name of the company with which commercial insurance is carried)			
CHAP. VI	UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD (DD 1173) (May include medical care, exchange and commissary privileges)			
CHAP. VI	DEPENDENCY AND INDEMNITY COMPENSATION (VA action; if undue delay and investigation is desired, furnish VA Claim (XC) Number)			
CHAP. VI	SOCIAL SECURITY SURVIVOR BENEFITS (Submit claim to local office of Social Security Administration)			
CHAP. VI	DEPENDENTS' TRAVEL (If applicable, submit claim to Navy Regional Finance Center, Washington, D.C. 20371)			
CHAP. VI	TRANSPORTATION OF HOUSEHOLD GOODS			
CHAP. V	GOVERNMENT HEADSTONE OR MARKER (Application not required if burial is in national cemetery)			
CHAP. V	REIMBURSEMENT FOR HEADSTONE OR MARKER EXPENSES (VA Form 21-8834)			

**ASSISTANCE REQUIRED (Indicate in "Remarks" to whom referred for assistance)**

CHAP. V	FINANCIAL			
CHAP. VII	INCOME TAX (W-2 furnished directly to next of kin by Navy finance Center, Cleveland, without request upon completion of processing)			
CHAP. VII	BANK ACCOUNTS, SAVINGS BONDS, SECURITIES, REAL ESTATE			
CHAP. VII	WILL			

**MISCELLANEOUS**

CHAP. VII	SCHOLARSHIP ASSISTANCE DESIRED (Furnished by NAVMILPERSCOM (NMPC-121D upon request)			
CHAP. VII	EMPLOYMENT INFORMATION DESIRED (Contact local employment agency or Office of Personnel Management)			
CHAP. V	PERSONAL EFFECTS (If complaint made or investigation is desired, explain in "Remarks")			

☐ INITIAL ☐ INTERIM ☐ FINAL

Encl (4)

☐ SPECIAL REQUESTS MADE BY  
BENEFICIARY☐ ACTION TAKEN BY CACO☐ ACTION DESIRED BY NAVMILPERSCOM  
AS FOLLOWS:**GENERAL REMARKS** (Include liaison and contacts with agencies, individuals and relatives, comments, observations, recommendations and comments of next of kin)

ADDRESS OF NEXT OF KIN

☐ NO CHANGE☐ NEW ADDRESS IS

CACO AUTOVON/COMMERCIAL PHONE NOS.

SIGNATURE AND RANK/RATE OF CACO MAKING REPORT

ACTIVITY TO WHICH ATTACHED

FIRST ENDORSEMENT

DATE

From:

To: Commander, Naval Military Personnel Command (NMPC-122)

1. Forwarded.

Signature



08 FEB 1996

OFFICIAL NOTIFICATION MESSAGE FORMAT FOR PNOK/SNOK

FROM: NAS LEMOORE CA//11B//**(IF MESSAGE ORIGINATED BY TENANT OR FLEET COMMAND INSERT APPLICABLE ORIGINATOR'S PLAIN LANGUAGE ADDRESS (PLAD))**

TO: BUPERS WASHINGTON DC//642//  
COMNAVBASE SAN DIEGO CA//N31//  
CACP REGIONAL COORDINATOR FOR AREA WHERE CASUALTY OCCURRED **(IF APPLICABLE)**

INFO: SECNAV WASHINGTON DC//JJJ//  
BUPERS WASHINGTON DC//633//  
BUMED WASHINGTON DC//332//  
DFAS-CLEVELAND CENTER CLEVELAND OH//643//  
NAVHOSP LEMOORE CA//01//  
COMNAVAIRPAC SAN DIEGO CA//N004//  
SHIP OR STATION WHERE CASUALTY OCCURRED **(IF APPLICABLE)**  
FHTNC NORFOLK VA//JJJ//  
NAS LEMOORE CA//11//**(IF MESSAGE ORIGINATED BY TENANT OR FLEET COMMAND, INCLUDE NAS LEMOORE AS INFO ADDRESSEE)**

UNCLAS //N01770//

SUBJ/PERSONAL NOTIFICATION OF PNOK/SNOK ICO: (RANK/RATE, FULL NAME, BRANCH AND CLASS OF SERVICE, SOCIAL SECURITY NUMBER AND DESIGNATOR IF AN OFFICER), FOLLOWED BY THE APPROPRIATE WORDS: DECEASED, INJURY, SERIOUS ILLNESS, IN PARENTHESIS. (ADD AFTER MEMBER'S NAME (BUPERS-642))//

REF/A/PHONECON (BUPERS/COMNAVBASE SAN DIEGO AND NAS LEMOORE OF (DATE))//

RMKS/1. PNOK: (INSET FULL NAME, RELATIONSHIP, COMPLETE ADDRESS (PHONE NUMBER IF AVAILABLE) AND ZIP CODE OF PNOK/SNOK, NOTIFIED AT LOCAL TIME AND DATE BY (NAME OF PERSON NOTIFYING PNOK/SNOK OF CASUALTY)).

2. CACO ASSIGNED: INSERT RANK, FULL NAME, BRANCH AND CLASS OF SERVICE, SOCIAL SECURITY AND DESIGNATOR OF CASUALTY OFFICER ASSIGNED THE CASE. THE SECOND SENTENCE MUST SUPPLY SUFFICIENT DATA FOR CONTACTING THE CACO OFFICER SUCH AS HIS/HER MAILING ADDRESS, WORK AND HOME PHONE NUMBER (INCLUDE AREA CODE AND/OR INDICATE DSN).

BT

08 FEB 1993

## (LETTERHEAD)

PNOK

ADDRESS INCLUDING ZIP CODE (letter to be sent when remains are available to return to NOK and contact with NOK has been made)

Dear (PNOK NAME),

I deeply regret to confirm on behalf of the United States Navy the death of your (RELATIONSHIP) (RANK/RATE, FULL NAME, BRANCH AND CLASS OF SERVICE, SOCIAL SECURITY NUMBER) on (DATE) (LOCATION) (BRIEFLY STATE CAUSE OF DEATH). Your (RELATIONSHIP) died while serving (HIS/HER) country. I extend to you my sincere sympathy in your great loss. I also wish to assure you of every possible assistance.

Although you are experiencing grief and shock of your loved one, the following information may be of comfort to you. If you desire, and at no expense to you, we will make all preparations and transport your (RELATIONSHIP'S) remains with an escort to any place you designate. Also, the government will allow you an amount toward funeral and interment expenses not to exceed thirty-one hundred dollars if interment in a private cemetery, two thousand dollars if remains are consigned to a funeral director prior to interment in a national cemetery, or one hundred and ten dollars if remains are consigned directly to a national cemetery.

Please wire collect, (ACTIVITY responsible for preparation and transportation or the commandant of the naval district where death occurred) the name of the national cemetery or funeral establishment to which remains are to be sent. An escort will be provided.

I wish to assure you of every possible assistance together with the heartfelt sympathy of your (RELATIONSHIP'S) shipmates. Should you have any special requests, you may get in touch with me immediately by telephoning 209-998-3344 or 209-998-3300.

Sincerely,

G. C. Wooldridge  
Captain, U.S. Navy  
Commanding Officer

Blind copy to:  
BUPERS (PERS 663)  
COMNAVBASE San Diego (Code N13)  
BUMED (Code 332)  
DFAS-Cleveland Center (Code 643)  
COMNAVAIRPAC (Code N004)

NOTE: For letters covering different circumstances refer to MILPERSMAN Article 4210140.

Encl (6)

0 8 FEB 1996

(LETTERHEAD)

PNOK

ADDRESS INCLUDING ZIP CODE (letter to be sent when remains are not recovered)

Dear (PNOK NAME),

I deeply regret to confirm on behalf of the United States Navy that your (RELATIONSHIP) (RANK/RATE, FULL NAME, SOCIAL SECURITY NUMBER) died on (DATE) at/aboard (LOCATION) as a result of (BRIEF STATEMENT OF CAUSE OF DEATH). It is with further regret that I also confirm your (RELATIONSHIP'S) remains were not recovered. Your (RELATIONSHIP'S) died while serving (HIS/HER) country. You may be assured that every effort is being made with personnel and facilities available to locate your (RELATIONSHIP),

I wish to assure you of every possible assistance together with the heartfelt sympathy of your (RELATIONSHIP'S) shipmates. A letter setting forth the circumstances of death will follow. If I can be of any assistance to you in any way, or you have any special requests, you may get in touch with me immediately by telephoning 209-998-3344 or 209-998-3300.

Sincerely,

G. C. Wooldridge  
Captain, U.S. Navy  
Commanding Officer

Blind copy to:  
BUPERS (PERS 663)  
COMNAVBASE San Diego (Code N13)  
BUMED (Code 332)  
DFAS-Cleveland Center (Code 643)  
COMNAVAIRPAC (Code N004)

Encl (7)

08 FEB 19

(LETTERHEAD)

SNOK  
ADDRESS INCLUDING ZIP CODE

Dear (SNOK NAME),

I deeply regret to confirm on behalf of the United States Navy that your (RELATIONSHIP) (RANK/RATE, FULL NAME, SOCIAL SECURITY NUMBER) died on (DATE) at/aboard (LOCATION) as a result of (BRIEF STATEMENT OF CAUSE OF DEATH).

(HIS/HER) (RELATIONSHIP OF PNOK) has been notified and requested to inform the Navy concerning (HIS/HER) desires regarding disposition of your (RELATIONSHIP'S) remains. It is suggested that you contact (HIM/HER) as to details concerning funeral arrangements.

Your (RELATIONSHIP'S) died while serving (HIS/HER) country. I extend to you my sincere sympathy in your great loss. If I can assist you in any way contact me by telephoning 209-998-3344 or 209-998-3300 or by writing to Commander Officer, Naval Air Station, Lemoore, CA 93246-5001.

Sincerely,

G. C. Wooldridge  
Captain, U.S. Navy  
Commanding Officer

Blind copy to:  
BUPERS (PERS 663)  
COMNAVBASE San Diego (Code N13)  
BUMED (Code 332)  
DFAS-Cleveland Center (Code 643)  
COMNAVAIRPAC (Code N004)